

PERMIT APPLICATION

MT. CRESTED BUTTE, COLORADO, 81225

Permit Type:	ilding	☐ Mechanical		
For Building, Type of Wo	ork: New Construction	☐ Addition/Alteration	☐ Remodel/Repai	ir
Building Use:	ngle-Family	lti-Family	Commercial	
JOB PHYSICAL ADDRI	ESS:	B	UILDING NAME:	
JOB LEGAL ADDRESS:	: LOT	SUBDIVISION:		
SCOPE OF WORK(for	excavations, provide: (1)type &	& purpose of work (2)squa	re feet of curb/pavement/	sidewalk cut (3)excavation yardage)
CONTACT INFORMA	TION			
	OWNER	CONTRACTOR	R ARCI	HITECT / ENGINEER / DESIGNER
CONTACT NAME				
BUSINESS NAME				
MAILING ADDRESS				
PHONE #				
EMAIL ADDRESS				
ON-SITE CONTACT	1			
Name:	Phone #:	Emai	l Address:	
	nclude addition/replacement of ne Mt. Crested Butte WaterSen			ets, dishwashers)?
-				License Number:
	Estimated (
I hereby acknowledge t	that:			
✓ I'LL CALL 8	11 PRIOR TO ANY EXCA		JEDD 1 C4-4- E14	1 d Dll.:
	ews and permits are required ecomes null and void if cons			doned for a period of 180 days.
✓ I have read thi	is application and state that	the above is correct. I h	ereby agree to construc	et, alter or repair the proposed
	ct accordance with the codes cluding the revegetation of a			plans and specifications and the restoration of all road
cuts with flow	able fill.			
✓ I hereby ackno	owledge that it is unlawful t	o park in Town Right-o	f-Way (ROW) from No	ovember 15 - April 15.
Signature of Owner or Contractor				Date
BUILDING DEPARTM				
Date of Permit Issuance Excavation Only: Bond	e: Building (d/LOC: \$ Fees: \$		Special Conditions:	
Done	<u> </u>			

PERMIT NO._____